RESEARCH ON HEALTH SERVICES NEED AND UTILIZATION OF THE RURAL ELDERLY LEFT AT HOME IN SHANXI PROVINCE, CHINA
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OBJECTIVES: Based on a survey data of Shaanxi Province in 2012, this paper analyzed the situation of health services need and utilization of the rural elderly left at home (RELAH), and discussed their influencing factors. METHODS: 1) Four-steps modeling method. Based on this method, we built four regression models which were the logistic regression models of two-week out-patient rate and hospitalization rate last year, and the linear regression models of the logarithmic out-patient expenses and the logarithmic in-patient expenses. 2) Logistic regression analysis. It was used to analyze the influencing factors of health services need and utilization of the RELAH. 3) Chi-square test. We used it to make comparison analysis on health services need and utilization between the RELAH and the normal rural elderly. 4) Multiple linear regression analysis. We tried to study the factors of their health services demands, and the features of health services of the rural oldest old at home are high need but low utilization. 5) The influencing factors of health services need of the RELAH and their influencing factors. RESULTS: Through analysis, the influencing factors of health services need and utilization of the RELAH mainly include marriage, income level, age, accessibility to health services, living together with their grandchildren, being required hospitalization last year, suffering from chronic diseases and the types of medical institutions for treatments. CONCLUSIONS: Combined with research results, we give some suggestions. Firstly, perfect the compensation mechanism of medical services in present China are low. Practice of strategic purchasing is limited and required hospitalization last year, suffering from chronic diseases and the types of medical institutions for treatments. 2) Logistic regression analysis.

OBJECTIVES: To explore the factors which affect shared decision-making and develop strategies to get patients actively involved in clinical decision-making. METHODS: The survey was conducted in one of the third-grade hospitals in southwest part of China for a total of 565 patients involved. SSPS 17.0 was used to perform data extraction and analysis. RESULTS: The survey yielded to 600 questionnaires with a 94% response rate. There were 68% of the patients who could make some knowledge of the disease. Most of the patients (92.94%) have a positive attitude to participate in clinical decision making and 95% patients hope to know the medical information of their treatment. Account for 60.24% patients would like to obtain information from doctors. While, only 46.21% patients can achieve the goals. Meanwhile, There were 79.2 % patients who are satisfied with the current treatment plan. The patients’ biggest concern were: treatment effect, cost and doctors’ skills. The biggest difficulties that patients faced were: long-time waiting in outpatient departments which was the same as participants. 52.7% RCTs were done by universities, only 25.2% and 13.6% were conducted by hospitals and research institutions respectively. CONCLUSIONS: Developing countries have a much heavy burden of disease and serious shortage of health care resources. Using results from developed countries to guide the prevention and treatment of even the same diseases in the developing countries may not proper due to various local conditions. We appeal to promote the cooperation between the universities and hospitals in the developed and developing countries. The localization of the training material should be encouraged to train more high-level local clinical researchers and produce more high-quality clinical evidences for the developing countries through joint-program.

HEALTH CARE USE & POLICY STUDIES – Health Technology Assessment Programs

DO HTA PROCESSES CORRELATE WITH REIMBURSEMENT RECOMMENDATIONS? 
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OBJECTIVES: The objective of this study was to compare the Health Technology Assessment (HTA) reimbursement recommendations from 6 HTA agencies using a HTA process taxonomy. METHODS: Using a previously published categorisation process, six HTA agencies were assigned to one of three distinct taxonomic groups based on processes for conducting therapeutic value (TV), economic value (EV) or appraisal activities: A – TV with independent appraisal, C – TV, EV and appraisal combined; 1 – appraisal independent of TV and EV. Agencies were classified as: A – National Authority for Health (HAS), C – the National Authority for Medicines and Health Products (INFARMED) in Portugal and the Scottish Medicines Consortium (SMC); B – TV with independent appraisal, EV and appraisal combined: B1 – the Health Care Insurance Board (CVZ) in The Netherlands; B2 – the French appraisal activities: A – TV with independent appraisal; C – TV, EV and appraisal combined; 1 – appraisal independent of TV and EV. Agencies were classified as: A – National Authority for Health (HAS), C – the National Authority for Medicines and Health Products (INFARMED) in Portugal and the Scottish Medicines Consortium (SMC); B – TV with independent appraisal, EV and appraisal combined: B1 – the Health Care Insurance Board (CVZ) in The Netherlands; B2 – the French Equalisation of Dif f erections – Health technology assessment

ASSESSING THE EFFECTIVENESS AND COST-EFFECTIVENESS OF AUDIT AND FEEDBACK ON PHYSICIAN’S PRESCRIBING INDICATORS
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OBJECTIVES: Improving medications on a national dimension is a matter of great interest. We aimed to assess the effectiveness and cost-effectiveness of prescribing audit and feedback intervention in improving physician prescribing. METHODS: A four-arm randomized trial with economic evaluation conducted in Tehran. Three interventions (routine feedback, revised feedback, and printed educational material) and a no intervention control arm compared. Physicians working in outpatient practices were randomly allocated to one of the four arms using stratified randomized sampling. In the interventions group, physicians were provided with a review of literature, physician interviews, current experiences in Iran and with theoretical insights from the Theory of Planned Behavior. Effects of the interventions on improving antibiotics and corticosteroids prescribing assessed in regression analyses. Cost data assessed from a health care provider’s perspective and incremental cost-effectiveness ratios calculated. RESULTS: Comparing the new-design feedback arm and the no intervention arm, we observed significant reductions in the proportion of prescriptions including Dexamethasone (P = 0.006) and Cefixime (0.99 difference in percentage change; p value: 0.01). We also observed significant reductions in the printed educational material arm’s proportion of prescriptions including Cefixime (0.93 difference in percentage change, p value: 0.04) as compared with the no intervention arm. ICER values corresponding to Dexamethasone injectable and Cefixime were 0.41 and 1.03 US$ per unit reduction in the number of prescriptions respectively. CONCLUSIONS: According to the results of our study, feedback and education about the medications on a national dimension could help improve physicians’ prescribing. Moreover, the limited research findings have not proposed effective solutions to the problem of irrational use of antibiotics and corticosteroids in Iran. Further studies are needed to investigate the effectiveness of the new-design feedback intervention arm has been proved.